ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
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| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | ZM | 927 | 10-19-01 |
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## INDEX OF CLAIMS

✔ ..... Rejected
= ..... Allowed
— (Through numeral)... Canceled
÷ ..... Restricted
N ..... Non-elected
I ..... Interference
A ..... Appeal
O ..... Objected

| Claim Final | Claim Original | Date |
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If more than 150 claims or 10 actions staple additional sheet here

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